

ATTESTATION PAPER.

No. 724205

109th OVERSEAS BATTALION C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUADRUPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Jenkins*
- 1a. What are your Christian names?..... *Andrew*
- 1b. What is your present address?..... *Dorset*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Mount Eagle Valley, Hastings*
- 3. What is the name of your next-of kin?..... *Rose Anne Jenkins*
- 4. What is the address of your next-of-kin?..... *Dorset*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *15th March 1882*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Andrew Jenkins*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Andrew Jenkins..... (Signature of Recruit)

Date *MAR 15 1916* 191 . *A. M. Scott*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Andrew Jenkins*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Andrew Jenkins..... (Signature of Recruit)

Date *MAR 15 1916* 191 . *A. M. Scott*..... (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Dorset* this *15th* day of *March* 191*6*.

M. G. Cassidy..... (Signature of Justice)

Description of Andrew Jenkins on Enlistment.

Apparent Age 34 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 4 ins.

Scars on 1st & 2nd toes of left foot.

Complexion Fair

Eyes Blue

Hair Light Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist..... Yes
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations.....
(Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the **Canadian Over-Seas Expeditionary Force.**

Date MAR 15 1916 191

..... *J. McCulloch* Capt.

Place Halifax

..... **Medical Officer**
 **109th Overseas Battalion, C. E. F.**

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... Andrew Jenkins having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date MAR 15 1916 191

..... *J. A. Miller* Lt. Col. (Signature of Officer)
 **O. C. 109th Overseas Battalion, C. E. F.**

REGIMENTAL DOCUMENTS

NAME Jenkins Andrew

REGT. NO. 724205 UNIT _____

H. Q. FILE NO. _____

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 Pass card
1 mfw 125
1 mfw 67
2 mfw 44
med case sheet
R122

2 pay card
3 at W card

M

Physically unfit

*Desand
6-1-01*

H

DEATH

Category

DISCHARGE

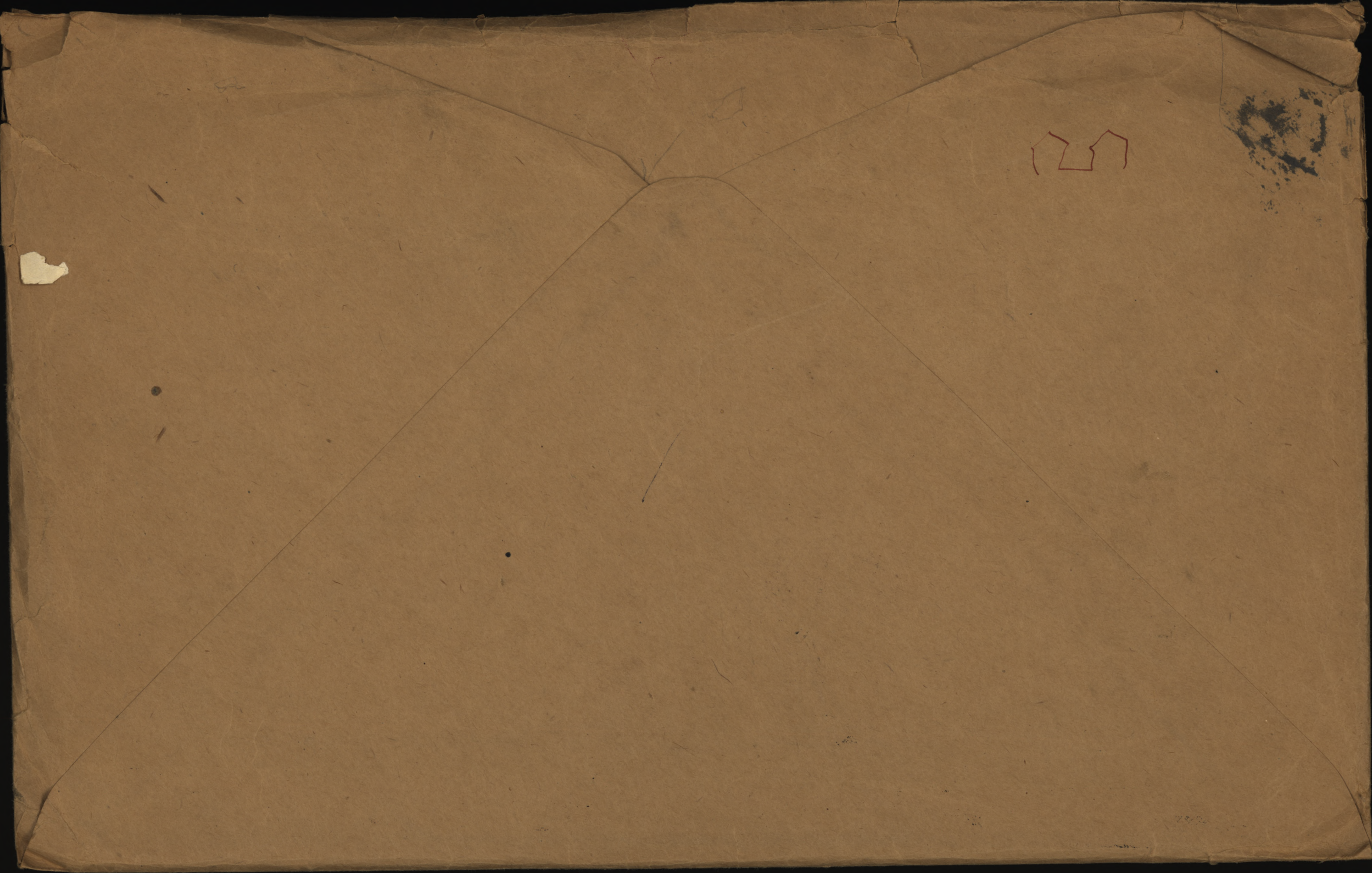
Category

04505

DESERTION

9-25
20-25
28-25
1

406734



6187

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Jenkins.

A.

724205

RANK

UNIT

Co.

TROOP

BATTY.

pte.

1st L. Out.

1st L.

HOSPITAL

DATE OF ADMISSION

1. 3rd W. G. L. Larduff.

HOSP. 7.10.17.

2. Cav. Con. Bearwood.

HOSP. 30.10.17

3. Cav. Reg. Spec. Buxton

HOSP. 20-12-17

4.

HOSP.

DIAGNOSIS

S.W. L. Sup - L. Side of Myalgia. No

1.

2.

3.

DISPOSITION

DATE

2.10.10.17. B32
" 2.10.17. B.52(2)
24-12-17 B96.
30.1/18. B126(2)

REMARKS

Dis 30.1.18

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

*Name JENKINS A. Rank PTE. Regtl. No. 724205

Original unit 109th Present unit #2 D.D.M. or S.M. Fyle Depot
Age 36 Religion Meth. Ref. H.Q.

Port, ship, and date of arrival

Next of kin WIFE ROSE SAME ADDRESS

Address on leave HUNTSVILLE ONT.

Address on discharge Same as above

Transportation issued Yes No Date 21-11-18 Character on discharge Very good

Previous occupation Farmer Date and place of enlistment 15 Mar 1916 Dorset

Diagnosis Myalgia Date of Medical Boards 11/4/18

Date.	Remarks	Pt. 2 Order No.
APR 18 1918	T.O.S. FROM NO.2 CAS. UNIT D.O. 1	
APR 24 1918	<i>A.O.I. Discharged 'Phys. Unfit' D.O. 20-5</i>	
27-4-18	<i>Camp Orders</i>	

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192.
60M.—3-18 (D.P. 353).
1772-39-1243.

R. & O. 6034.

REGTL. NO.

424205

RANK

Pte
" "

NAME

Jenkins Andrew?

COY.

D.

FOLIO

TAKEN ON FROM

Dorset Ontario

DATE

15. 3. 16.

PARTICULARS

Married.

PROMOTIONS OR APPOINTMENTS

AUTHORITY

DATE

ON COMMAND

HOSPITAL

ADMITTED

BY ORDER

DISCHARGED

BY ORDER

EMPLOYED AS

INOCULATIONS

QUALIFICATIONS

VACCINATION

DRAFTED TO

*124th Bn. CEF.
105th Bn. CEF. 18. 1. 17*

REMARKS

STRUCK OFF

LEAVE

FROM

TO

NEXT OF KIN

*(Wife) Rose Ann. Jenkins.**Dorset - Ontario*

REMARKS

NAME

6187
Jenkins Andrew

REG'T'L No.

724205-

H. Q. FILE No. 649.

RANK AND CORPS

Pte. First Labour Batt. Down 109B.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

NO.

FOLLOWS

m6143
(7-2)

10-10-17

Adm. to Third West. Gen. Hosp. Cardiff
Oct. 7. 1917. GSW's hip side

6187

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
B32-1	3rd West Gen Cardiff	7-10-17	SW. L. Hip. & L. Side <i>not sent out by</i>
B52-2	Can. Gen. Bearwood Wigan	30-10-17	" " " " "
B96.	Can. Red Cross Spee Buxton	20 ¹² / ₁₇	myalgia
B126 ² .	Discharged	29-1-18	myalgia

SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT

FORMER CORPS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

AD

COUNTRY OF BIRTH

PLACE OF ATTESTATION

L. L. 94504. M. & D. 6512.

Jinkens
Andrew

724205

109th
"

RANK

Pte.

Nil

NEXT OF KIN.

Jinkens, Mrs Rose Ann
Wife

main St., Huntsville,
Ont.

S.A.A.P. 22-5-17

Canada *Mount Eagle Valley,*
Dorset, Ont.

%S. 23.7-16. ⁴⁸⁸/_{18.}

DATE

Hastings County - th 1882
Mar. 15th

DATE

Mar. 15th 1916

R. G. 20. 3. 18 ⁷/₁₉ 2

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

2 *S.O.S. kles 24-4-18*
anch pt II 9 of 26
4-18. a klistrikt
Nepot FOLL
Sod. Dis. 24-4-18-2
Pt. II. 5. of. 22-4-18. P. N. 2

Bn.

~~Sealed from Halifax~~ 23-7-16 per S.S. Olympic

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

34 YEARS

MONTHS

HEIGHT

5 FEET

6 INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light Brown

DISTINGUISHING MARKS

Scars on 1st and 2nd toes of left foot.

MEDICAL EXAMINATION.

PLACE

Haliburton Ont.

DATE

Mar 15th 1916

HN
Number *724205* Rank *Pte* ~~*B*~~

Surname *JINKENS*

Christian Name *Andrew* ~~*V*~~

Units *Can* ~~*3rd Lab Bn*~~ Theatre of War *France*

Date of Service *1-8-17*

Remarks

Latest Address *Huntsville*

onk

Roll No. *B. Page 15642*

200m.-2-21.M.

DESP. AUG 8 1922
REGN. NO. *GV49406*

No. 724205. RANK Pte.

NAME Junkin, A.
Jenkins.

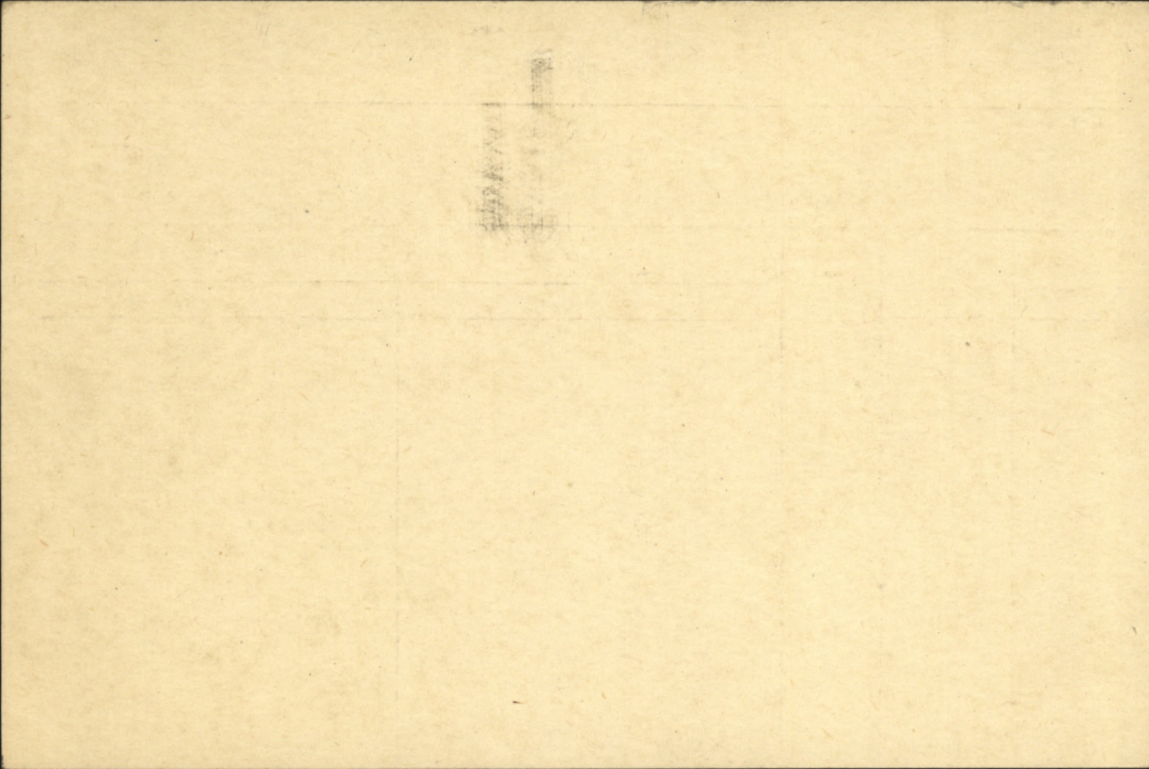
T. O. S. 15-3-16. UNIT 109th Battalion.
(S. O. 119 of 7-4-16).

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. Nov. 15.	1916. April 30. Maff. Junk. Poley.	v. v. v.		

UNIT SAILED

JUL 23 1916



Name *JANKINS*Unit *1st Labour*

Next of Kin

Rank *Pte.*Reg. No. *724205**Canada**Andrew**6/87*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7-10-17	<i>3rd Western Inf Bdriff (3318)</i>	<i>SWL</i>	<i>Hip & L side</i>	<i>B32</i>	<i>M 6173</i>	
30-10-17	<i>BCM Beaurivard</i>		<i>- do</i>	<i>B52</i>		<i>4715</i>
20-12-17	<i>616 to Spec Buxton</i>		<i>algia</i>	<i>B96</i>		<i>8734</i>
29-1-18	<i>Discharged</i>		<i>- do</i>	<i>BM</i>	<i>sub #</i>	<i>2799</i>

Can: Conval: Hospital, 6187
Bear Wood. HOSPITAL.

A. & D.
CARD

AT _____

A. & D. No. 05 10382 PL. OF ACTION 724205RANK lie UNIT 1st C Labor Batt. SICK OR WOUNDEDNAME Jankins A. AGE 36 RELIGION MPLACE IN HOSPITAL but 2. S.W. 2070. S.H.DIAGNOSIS Shrapnel hip J.W. Rev. Col.ADMITTED 29 OCT 1917 Myalgia FROM Grav W & Cardiff

DISCHARGED _____ TO _____

TRANSFERRED 18 DEC 1917 Buxton.SERVICE AT HOME 12 IN FIELD 2
12

RESULTS _____

REMARKS.

6187 ORIGINAL MEDICAL HISTORY SHEET. ORIGINAL

Surname Jenkins Christian Name Andrew

Examined { on 15 day of March 1916
 at Minden
 Birthplace { City or Town Ship Mount Eagle
 County Hastings Ont

Approved by J McCulloch Capt.
 Medical Officer
 Rank 109th Overseas Battalion, C. E. F. M.O.

Apparent age 34 years
 Trade or occupation Farm.
 Height 5 Feet 6 Inches.
 Weight 135 Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 37 inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>9</u> OCT 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development Good
 Small-Pox Marks None
 Vaccination Marks { Arm Right. None Left. One
 Number one

Date.	Result.	VACCINATIONS.
<u>14/16</u>	<u>good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last April 1st 1916
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/6/16</u>	<u>good</u>	<u>J McCulloch</u> M.O.
<u>25/6/16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>30/6/16</u>	<u>"</u>	<u>J McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection
Small goitre

Enlisted on 15 day of March 1916 at Minden

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724205</u>		<u>15.3.16</u>
Transferred to	<u>124th Bn. C.E.F.</u>			
	<u>105th Bn. C.E.F.</u>	<u>18.1.17</u>		
	<u>3rd Lab. Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u> <u>28 NOV 1916</u>	<u>28.11.16</u>	<u>Soitre</u>	<u>Class. Ciii</u>
<u>Ravina Barracks, Toronto, Ont.</u> <u>SPECIAL HOSPITAL</u>	<u>11/4/18.</u>	<u>Myalgia.</u>	<u>Class. Ciii</u>
<u>BUXTON, DERBYSHIRE.</u>	<u>21/1/18</u>	<u>Myalgia (General)</u>	<u>Class. Ciii</u>
<u>S. Harold Hill</u>	<u>23-2-18</u>	<u>Gonorrhoeal Infection</u>	<u>Class. Ciii</u>

This sheet to be disposed of in accordance with instructions in the Regulation for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
 SHORNOLIFFE
 H. Q. 1772-39-439.

25 FEB 1918 APPROVED

FOR A.D.M.S. CANADIANS, SHORNOLIFFE

CANADIAN

6187

Surname *Jenkins* Christian Name *Andrew*

CANADIAN RED CROSS
SPECIAL HOSPITAL
BUXTON, DERBYSHIRE.

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>3rd West General Bardiff</i>		<i>4</i>	<i>10</i>	<i>14</i>	<i>29</i>	<i>10</i>	<i>17</i>	<i>Strap Wd L hip</i>	<i>23</i>	<i>Improving</i>	<i>R. Asworthby</i>
<i>Beaswood</i>		<i>29</i>	<i>10</i>	<i>17</i>				<i>do.</i>		<i>1. Saw force Analysis neg. Pain in both sides of back in dorsal lumbar regions & left hip. Transfer to Buxton.</i>	<i>R. Howan Capt. C.A.M.C.</i>
		<i>18</i>	<i>12</i>	<i>17</i>	<i>29</i>	<i>1</i>	<i>18</i>	<i>Myalgia (General)</i>	<i>42</i>	<i>Improved. Complains of slight general pains in wet weather. Heart, Lungs and Urine - neg. Some general rigidity but no limitation of movements. Discharged from Hospital Category BII</i>	<i>Spencer Capt. C.A.M.C.</i>

200. TETANUS ANTITOXIN
INOCULATED.

Date.....*7. 10. 17*
14. 10. 17
Date...*21. 10. 17*.....

MEDICAL CASE SHEET.*

6187

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

424205

Pte

Jenkins

A

709849

Unit.

Age.

Service.

Year

1st Canadian Lab. Battalion

36

1 8/12

1917

VI - 170.

Station and Date.

Disease Sh wd of back 70.

Oct 9

Sh wd of back with skinners bruising over whole of lower pt of back.

29-10-17

Transf to Beewood Park Wokingham

R. B. Laworick
May

20. TETANUS ANTITOXIN
INOCULATED.

Date 7. 10. 17

14. 10. 17

21. 10. 17

1. in France

1/20/17

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

6187

1339

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1b-T1650. Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	724205.	Pte.	JENKINS	Andrew.
	Unit.		Age.	Service.
	1st. Can. Lab. Batt.		36	22/12
Station and Date	Disease MYALGIA General.			
	<p>ENLISTED. 15 Mar '16</p> <p>ARRIVED IN ENGLAND. 31 July 16</p> <p>FRANCE. 2 mos. 6 days (wounded)</p> <p>COMPLAINT. Pains ever since coming to England. These pains are in muscles but general.</p> <p>DURATION OF PRESENT ILLNESS. 2 mos 16 days</p> <p>PAST ILLNESSES. n.c. mening. V.D. never had pains in Canada</p> <p>FAMILY HISTORY. F. d. Heart. M. a. m. B. g. a. w. 7. Rheum. 5. d. 2. w. p. h. n.</p> <p>HISTORY: PRESENT ILLNESS. 3rd Gen. Cardiff. 12 days Beaswood. 1 mo. 10 days still complaining of lumbar pain. Original complaint pains all over most in arms & ankles.</p> <p>CONDITION ON ADMISSION. G.C. very good. keeps lumbar vertebrae quite rigid. All movements more or less limited.</p> <p style="text-align: right; color: red;">Weight 2-1-18 143 lbs</p>			



6/8/1

Station
and Date.

MEDICAL

TREATMENT: $\frac{3}{4}$ T. B. alternate days
massage daily

Urinalysis 19-12-17
Reaction, Sp. Gr. alb. Sugar
Acid 1013, nil, nil

Jan 15 1918 notices some improvement
knee coming here - joints not
so stiff & not so painful - Carry on.
W. Taylor Capt.

Jan 16 1918 - Still improving - W. T. B.
Jan 17 1918 Seen by Col. Pearson
who advises B2 - likely to improve
W. Taylor Capt.

CONDITION ON DISCHARGE.

Station and Date.

19.11.17.

History.

was wounded in left side of back & hip by sharpshooter's bullet. The small penetrating wound, but patient states that there was severe bruising of back & hip (Oct 4th /17 at Ypres).

sent from CCS to Base at Boulogne (2 days) to Cardiff 3rd Gen. (3 weeks). To Bleaswood 29 Oct /17.

On admission. Wound in ~~of~~ back not quite healed. Dry dressing. Gt. & fair.

Complains of pain in left buttock, & extending down into leg. Also some numbness of left buttock.

Also complains of pain in stomach after eating, bowels regular, appetite poor, tongue clean.

Urinalysis negative 19.11.17.

19.11.17

Still complains of pain in back, & in left hip, but general condition has improved since admission.

Complains of frequent micturition - sometimes has to get up three or four times at night.

Wound is healed.

Examination on 7.11.17 shows heart & lungs negative.

Treatment: - Massage.

19.11.17

Examination of back shows quite extensive bruising of left lumbar region, & upper part of left buttock, with some puffiness & swelling of affected tissues.

Transfer to Mansions, Colo

MEDICAL CASE SHEET.*

OS. 10312

6187

A

No. in Admission and Discharge Book.

Regimental No. 724205

Rank. Plt

Surname. Jenkins.

Christian Name. A.

Year

Unit. 1st Can Labour.

Age. 36.

Meth. Service. 20/12

Station and Date.

Disease Shrapnel. Hip

Hat 21
2070

Uxbridge

4th Oct. 1917.

3rd W. G. Coy. 6th

Bear Wood. 29th

29 OCT 1917

G.C. Fair. Healed. Left hip & back sore & swollen. Rest

31/10/17.

G. C. fair, Wound not healed, poor appetite pain after eating. Tongue coated. Bowels regular, pain upon passing water, pain in bladder before he passes his urine Numbness over left buttock, left leg stiff weak & shaky. Transfer to Wards.

7.11.17.

G.C. Fair. Wound Healed. Still tender. Back stiff & unable to bend without hunching. Head & lungs normal. Appetite poor & distress & Sickness in stomach after food. Tongue moist & clean. Bowels regular.

26 NOV 1916

Wd healed. Left hip & back weak & painful. Urinalysis.

3- DEC 1916

Urinalysis Neg. Pain on both sides of back in dorsal & lumbar regions & left hip. Transferred to Buxton for further treatment

18/12/17

Transfer to Buxton. R. Clewley Capt.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

6187

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

28 — 11 — 1916.

No. 724205 Rank Pte Name Jain Kers. A. J.

Local Unit 109 Bn Overseas Unit Jan Age 34.

Examination held at Bramshott, Hants.

DISABILITY. Thyroid Enlargement.

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

States that he is unable to take route marches.

Board recommends:

- 1. Fit for Duty. Class C ⁱⁱⁱ
- 2. Fit for duty after _____ weeks physical training.
- 3. Fit for Base duty _____ weeks.
- 4. Fit for Permanent Base Duty.
- 5. Discharge.

Signatures:

Members { C. Cooper Col. Comd. ^{hijr} Pres.
S. A. Dickson Major
W. H. Jackson Capt } of

Approved.

Bramshott Nov. 28 — 1916.

P. A. Stewart Maj
for A.D.M.S. + G.O.
Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT

72002
The Standing Medical Board
104 15 n

DISABILITY

Local
(Section one and)

PRESENT CONDITION

Water test, as in minutes paper
found in minutes

Board recommend

Class - C

1. Fit for Duty

2. Fit for duty after

3. Fit for duty after

4. Fit for Permanent Base Pay

5. Discharge

W. J. ...
L. ...

Members

Approved

W. J. ...
L. ...

17 months

Canadian Trade Union

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

August 14 1916.

No. 78 4205 Unit 169 Rank Pte

Name Jenkins A.J. Age 34

Examination held at Bramshott, Hants.

DISABILITY. Goitre

Overseas—Local. (scratch one out)

Present Condition:

He has a small Goitre but no exophthalmos or other constitutional signs.

Board recommends:

- 1. Fit for Duty.
- 2. Fit for duty after.....weeks physical training.
- 3. Fit for Base duty.....weeks.
- 4. Fit for Permanent Base Duty. Yes.
- 5. Discharge.

Signatures:

Members { F.A. Stewart Maj. Pres.
 J. M. ... Maj.
 ... Capt.

Approved.

Bramshott 28 AUG 1916 1916.

Major.
 D.A.D.M.S. for A.D.M.S. & for G.O.C.
 Canadian Troops, Bramshott.

22

EXAMINATION

STATE MEDICAL BOARD

REPORT

NAME

NO.

DATE

PLACE

REASON

REMARKS

SIGNATURE

DATE

PLACE

REASON

REMARKS

SIGNATURE

DATE

PLACE

REASON

REMARKS

SIGNATURE

DATE

PLACE

REASON

REMARKS

SIGNATURE

DATE

PLACE

CANADIAN RED CROSS SPECIAL HOSPITAL, BUXTON, DERBYSHIRE.

DATE. 25 JAN 1918 1918

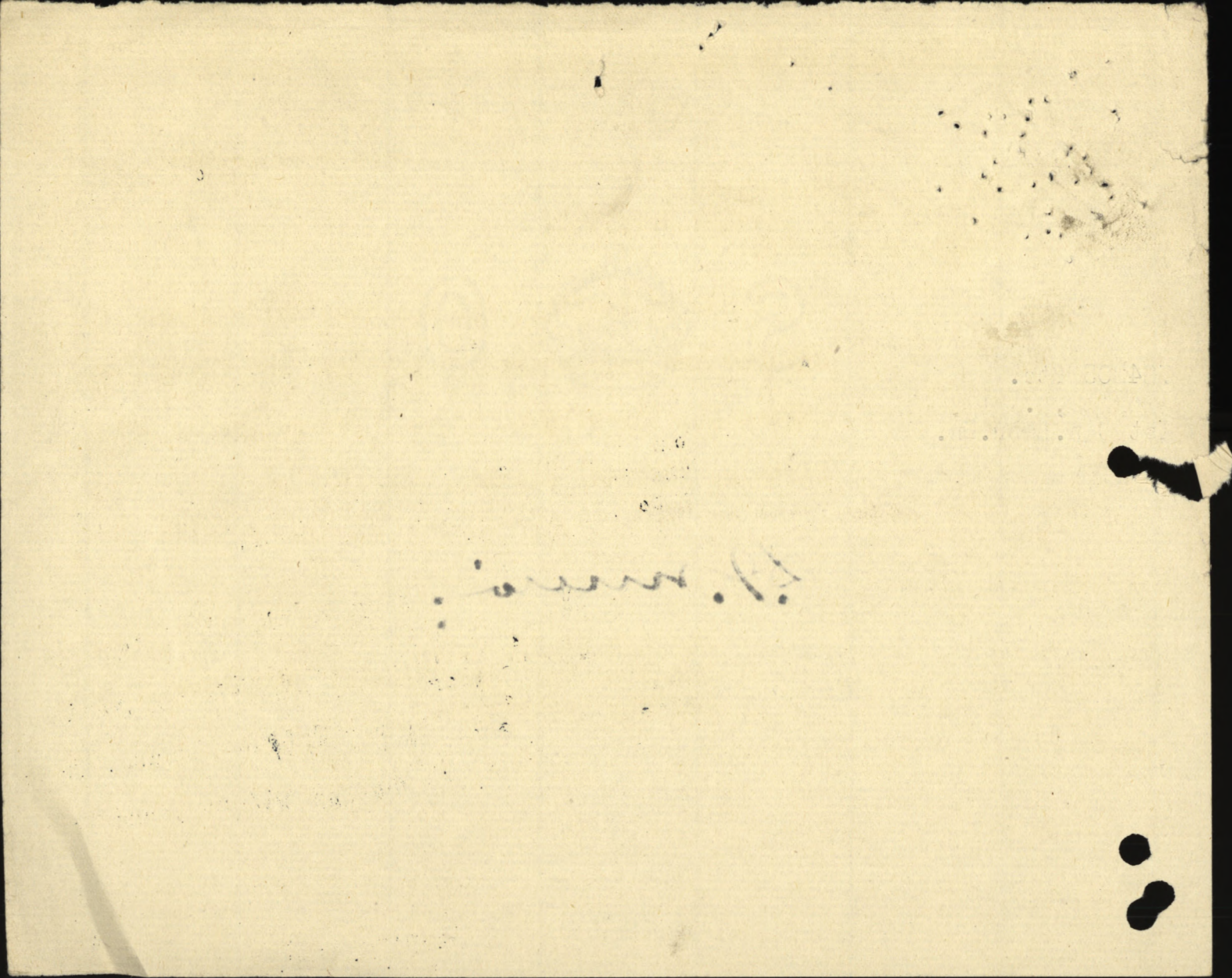
TO:- Hospital Representative,
Canadian Red X Special Hospital,
Buxton, Derbyshire.

I Hereby Certify that the marginally named
Soldier has been medically examined and found free
from:- All Infectious Disease, Transmissable Skin
Disease, Venereal Disease, and Vermin.

724205 Pte.
JENKINS, A.
1st Can. Labr. Bn.

S. J. Munn

CAPTAIN. CAMC., M.C.
Canadian Red Cross Special Hospital,
Buxton, Derbyshire.



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FOR DOCUMENTS

CANADIAN ARMY DENTAL CORPS, MILITARY DISTRICT NO.

DENTAL CERTIFICATE ON DISCHARGE.

M.F.B.484.
100m-2-18.
1772-39-1219.

To Officer i-c Dental Services at _____

Name Jenkins A. Regimental Number 724205

has been given Dental examination previous to discharge and is entitled to Dental treatment to the extent of:- _____

[Handwritten signature]

This certificate to be presented within two months of the date on discharge papers.

[Handwritten signature: W. J. Temple Capt.]
Officer i-c Dental Examination on Discharge.

Examined at Ramona Date APR 13 1918 2052

Case No. 100-100000-100000

Department of Justice

100-100000-100000

Regiment

100-100000-100000

This certificate is provided with the contents of the case

at the date of the

Official and General Information on Discharge

Date

6/89

BUXTON,

DERBYSHIRE.

Requisition for Laboratory Examination

Dec 18. 17

Reg. No. 724205 Rank. Plt. Name Jenkins Ward A

Specimens Urine
To be examined for. Routine
Clinical notes.

Capt. Solomon : Officer 1/3 Ward

REPORT

Sp. Gr. and
 1013
Alb. and
Sug. nit.

M. E. Solomon Capt. Officer 1/3 L. B.



1000000

10

1000000

1000000

1000000

1000000

1000000

1000000

1000000

1000000

Casualty Form - Active Service.

Regiment or Corps 109th Battalion
 Rank Pt Surname Jenkins Christian Name Andrew

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer. _____

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked _____ Disembarked _____			
<u>22.2.18</u>	<u>WORLD</u>	<u>be sent to the 1st Lt & Sgt. M transfer to Gen Depot.</u>	<u>Ship</u>	<u>21.2.18</u>	<u>DD 53</u> <u>Capt</u> <u>Asst Adjt.</u> <u>for O. C. 1st O. P. D.</u>
<u>23/2/18</u>	<u>Gen Depot</u>	<u>T.O.S. Gen Depot.</u>	<u>Ship</u>	<u>21/2/18</u>	<u>Pt II No 46</u> <u>23/2/18</u>
<u>4/3/18</u>	<u>✓</u>	<u>Can CDH Regt.</u>	<u>✓</u>	<u>21/3/18</u>	<u>Pt II No 52</u> <u>4/3/18</u>
		<u>U. F. Willcocks</u>			<u>Asst Adjt.</u> <u>for O. C. Gen Depot.</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

Army Form B. 103

2nd Form

Regimental Number 724205

Casualty Form—Active Service.

Regiment or Corps 109th Battalion

Rank Pte Surname JINKENS Christian Name Andrew

Religion _____ Age on Enlistment _____ years _____ months

Enlisted (a) 15/3/16 Terms of Service (a) d of war Service reckons from (a) 15/3/16

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { } Re-engaged { } Qualification (b) _____
or Corps Trade and Rate _____

Occupation _____ Signature of Officer _____

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<u>16/9/16</u>	<u>C.C.A.C.</u>	<u>T.O. S. & On Command 109th</u>	<u>Bramshott.</u>	<u>28/8/16</u>	<u>P II. O. 400</u>
<u>22/9/16</u>	<u>O/C 109th</u>	<u>Attached from C.P.A.C.</u>	"	<u>28/8/16.</u>	<u>2 23</u>
<u>8/12/16</u>	<u>124th Bn.</u>	<u>Leaves Att 109 & Att 124th</u>	<u>Witley</u>	<u>8/12/16</u>	<u>3 43</u>
<u>9/12/16</u>	"	<u>Attached for all purposes.</u>	"	<u>8/12/16</u>	<u>2 65</u>
<u>18/1/17</u>	"	<u>Leaves to be attached to Att</u>	"	<u>18/1/17</u>	<u>18</u>
		<u>105th Bn</u>			
<u>26/1/17</u>	<u>105th Bn</u>	<u>Leaves to be Att & Att 104th</u>	"	<u>26/1/17</u>	<u>2 6</u>
<u>3/7</u>	<u>68 Bn</u>	<u>and T.O.S. 2nd Lab Bn</u>		<u>3/7</u>	<u>NR Hi 2043</u>
<u>11/7</u>	<u>aaB</u>	<u>2nd to 1st Lab Bn</u>		<u>13/7</u>	<u>KR 2137 " 46</u>

507 Matron Capt

FOR LT: COL I/C RECORDS, C.O.M.F.

CERTIFIED CORRECT.
 13 AUG 1917
 CAN. RECORDS, LONDON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 (622) W. 13863/M1477 1-400-000 1/17 MacA & W Ltd Forms B.1034 (E. 288) [P.T.O.]

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Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
	AALy	105 th Ban Labour Bn from		8	
		5 th Ban Labour Bn		14/4	KR234 J.O. #69/19/4
18/4	Unit	joined unit	Field	14/4	B213 DCS 45
4/10	do	Wounded in action		4/10	Gen XI 16 / 24813
4/10	1/2	Wounded on SW side of ship		4/10	DL
6/10	4	Rejoined unit	Field	4/10	B213
5-10	14	Gen SW. R side of ship	Adm'd	5-10	W 5024
6/10	do	do side to England		6/10	W 5034
6/10	4	Invalided (wounded) and			
		posted to 1 st General Hospital			
		Regimental Depot, Banching		6/10	W 5083 L.O. #85d/18/4
					Lieut.
					for years Colonel AALy
					Canadian Section
12-10-17	1st BORD	105 th arriving in England from 1st Lab Bn	Banching	7-10-17	D.O. 217. 164
13218	1st BORD	AALy 1st BORD	Banching	13278	D.O. 44.
					H. Hooper for Colonel i/o Records H. C. C. C. C.
					H. C. C. C. C.

8187

Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54.
180M. 10-15.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 424205 Rank Plt Name Jenkins Andrew JINKENS

Enlisted (a) 15.3.16 Terms of Service (a) D of W. Service reckons from (a) 15.3.16

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	Embarked Canada		Halifax	24.7.16.	
	Disembarked England		Liverpool	31.7.16.	
22/9/16	Transferred to C.C.A.C. 109th Bn		Bramshott	15.9.16	Part II Order 266. Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
2/12/16	Transferred to 124th Bn		Witley	2/12/16	Part II Order No 443. Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
18.1.17	124th Bn.	Attached to 105th. Bn	Witley Camp	18-1-17	Part II Order "18 Capt. Adj. 124th. Bn. C. E. F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoehing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
24/2/17	OR. 104th Bn	transferred to labour A Bramshott G D B.	witley camp	11/2/17	B. D. O. 30 G. G. M. M. C. A. P. ADJUTANT 104th "OVERSEAS" BATTN. C.E.F.
11.2.17		Reattached Garr. S. Bn Bramshott.		11.2.17	P. 11. P. O. Captain. O/c.
		<p>Census to be attached to 2 D B Coy & Palace. Lieut. For Asst. Adjt. in Trans to 1st Coy D. 8.6.17 The Garrison Duty Battalion, Canadians. (Bramshott, Sussex.)</p>			
19.5.17	RECORD	Taken on strength to attc D. B. Coy Bramshott	W Sandelling	10-3-17	P. 11 D. O. 69
25.6.17	"	leave to be attc D. B. Coy	W Sandelling	4.4.17	P. 11 D. O. 108
5.7.17	"	leave to be attc D. B. Coy Bodman & attc Depot	W Sandelling	4.7.17	P. 11 D. O. 118
1.8.17	RECORD	S. O. S. in proceeding overseas to 3rd Harbour Bn	W Sandelling	1.8.17	P. 11 D. O. 145 G. G. M. M. C. A. P. Lieut. & Assst. Adjt for O. C. 1st C. O. R. D.

6/87

DENTAL CERTIFICATE.

724205

Pfc. Jenkins A.

The following Certificates will

be attached to the Medical History Sheets of all

Gen Depot.

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
5.3.18 D	Nil		J. H. Gunn Capt CADC.	

DENTAL CERTIFICATE

7-1-30

The following Certificate will be attached to the Dental History Sheets of all
Other books being returned to Canada for dental

Dentist's Name	His or Her Position	In case of loss of teeth, the loss due to dental injury or disease directly attributed to active service	Dental Condition	Date of Examination

DUPLICATE

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 109th OVERSEAS BN., C.E.F.

(2) Regimental Number..... 724 205

(3) Full Name of Soldier..... Andrew Jinkens

(4) Place of Birth..... Mount Eagle Valley,
Ontario

(5) Are you married, or not?..... Yes

(6) If married, state,
(a) Full name of your wife..... Rose Ann Jinkens

(b) Present Postal Address..... Dorset, Ont

(7) Are you a widower?..... No

(8) Have you any children?..... Yes

If so, give number of boys and girls..... 3 Boys — 1 Girl

Also their names and ages.....

<u>Ralph Jinkens</u>	<u>8 years</u>
<u>Arnold</u>	<u>4 years</u>
<u>Gordon</u>	<u>3</u>
<u>Mildred</u>	<u>2</u>

(9) Is your Father alive?..... No.
If so, state name and address

(10) Is your Mother alive?..... Yes.
If so, state name and address..... Mrs Sarah Jenkins
Mount Eagle Valley, Ontario.

(11) If your Mother is a widow.....
Are you her sole support, or not?..... No

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
.....
.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
.....
[Signature]
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
Yes.

(15) Are you insured?..... No.
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... JUL 11 1916

[Signature] Lt. Col.
C. C. 10911 Officers Commanding, C. E. F.

M. D. 2

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 23

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 724205 Rank Pte. Name A. Jenkins

Corps #2 District Depot who was* Discharged

On Apr. 24, 1918 191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Mar. 7, 1918 191....., to Apr. 24, 1918 191....., the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month.....			29	03	Bal. Cr. from prev. month.....		
Advances } No. <u>20714</u>		10		Regt'l Pay.....	49	days at \$	1c 49
by } No. <u>20731</u>		35		Field Allow.	40	days at \$	c. 10 4 90
Cheques } No. <u>20834</u>		58		Separation Allowances* (Monthly)			
Assigned Pay and Sep'n Allee. No.....				Other Allowances* <u>sub.</u>			12
Other charges <u>\$10. overpd S/A Apr.</u>		10		Other Credits* <u>clothing</u>			8
Payment on transfer or discharge No.....				Bal. Dr. (to be deducted by new unit).....			08 13
Balance Cr. (to be paid by the new unit).....				Total.....			142 03
Total.....		142	03	Total.....			142 03

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of Apr. 1918 191..... }
 { and Sep'n Allee. for month of Apr. 1918 191..... } (to) Assignee Mrs. Rose A. Jenkins,
 (Address) Dorset, Ont.

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

- State (1) date of enlistment.....
- (2) if married and if a Separation Allowance Card has been submitted..... Yes
- (3) cause of discharge..... authority..... D.O.S
- (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 22/4/18

Place Toronto

S. W. Nurse
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

REPUBLICAN PARTY

STATE OF NEW YORK

IN SENATE, JANUARY 15, 1891.

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

ON JANUARY 15, 1891.

ALBANY: J. B. LIPPINCOTT & COMPANY, PRINTERS, 1891.

ALBANY: J. B. LIPPINCOTT & COMPANY, PRINTERS, 1891.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D. 2
No. 58

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. **724205** Rank..... Pte. Name..... **Jenkins A.**

Corps..... **No. 2. D.D.** who was*..... **Discharged.**

On..... **24.4.1918.** 191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from..... 191....., to..... 191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Regt'l Pay..... days at \$..... c.....		
by } No.....			Field Allow. days at \$..... c.....		
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allce. No.....			Other Allowances*		
Other charges			Other Credits* Supp. L. P. C.	8.76	
Payment on transfer or discharge No. 37448	8.76		Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	8.76		Total.....	8.76	

* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191..... } (to) Assignee..... }
 and Sep'n Allce. for month of..... 191..... }
 (Address)..... **of man. Dorset, Ont.,**

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted.....
- (3) cause of discharge..... authority..... **D.O. 5.**
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date..... **7.9.1918.**

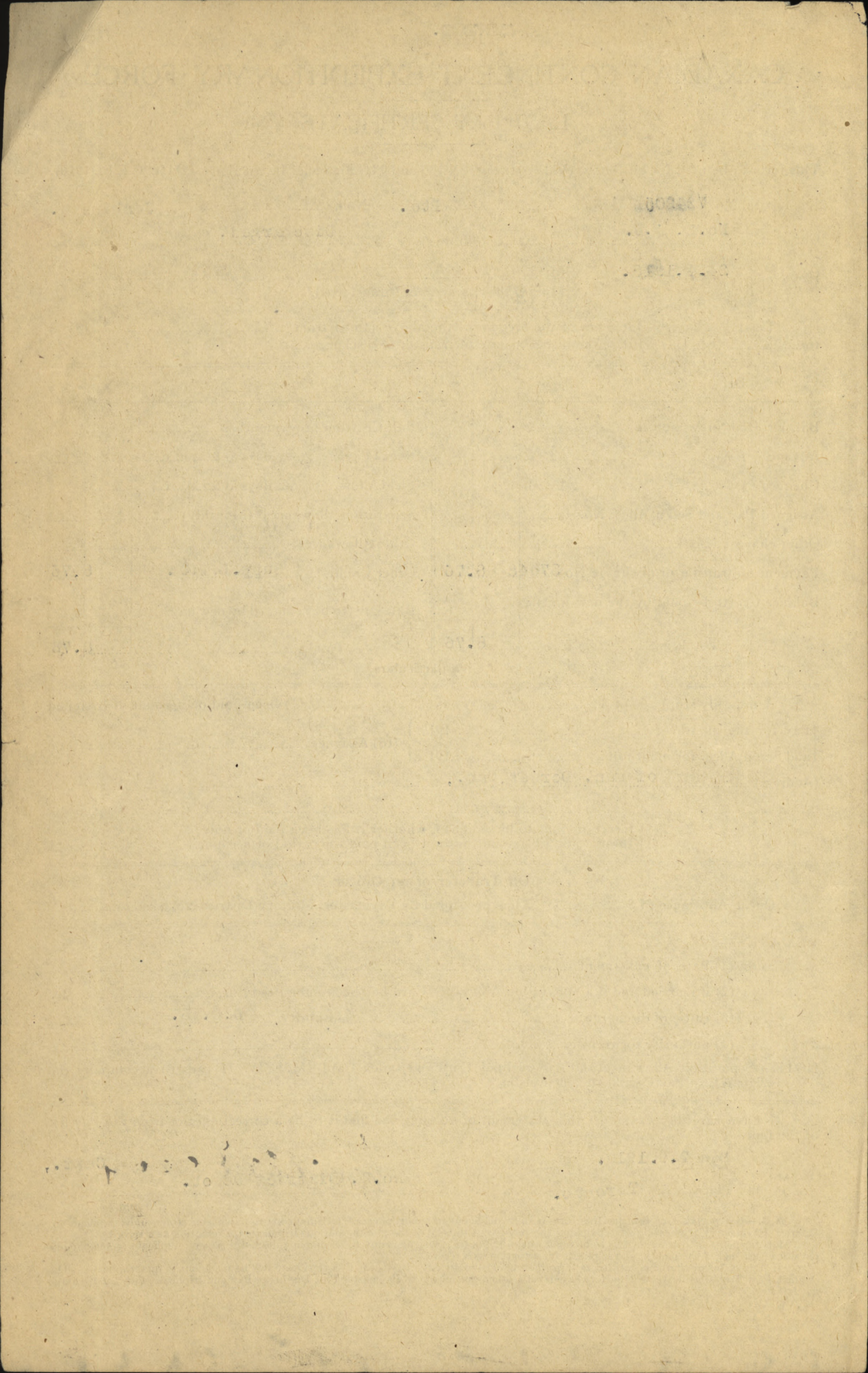
Place..... **Toronto.**

W. J. ... Capt.,
No. 2. District Depot.
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



A.C. Rank _____ Name JINKENS, Andrew. ✓ Reg'l No. 724205 ✓
 Unit 109th. Bn. If in perm. Corps, }
 What Unit? } Married or Single Married.
 Place and Date of Enlistment Dorset. March 15th. 1916. Place of Birth Mount Eagle
Valley, ✓
Hastings.
 Name and Address, Next-of-Kin Rose Ann Jinkens. ✓
Dorset ~~ANK~~ Ont., Can., ✓ Relationship Wife. ✓
 Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____
 Separation Allowance \$ _____ Payable to _____
 Relationship _____

N/E. R.B. No. 91
 File R.L. _____
 Category OR Can.

6/81

habd

29

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
C.					
Arrived in England per E. M. T. 2310 31-7-16					
22.9.16	109 th Bn	Trans as Loc. Cen. C.C.A.C	Bramsall	28.8.16	PT II D.O. 266 } PT II D.O. 400 + D.O. 293
22.9.16	do	Att'd from C.C.A.C for P.B.D for R.A. Bn. equip. clo. & 2merks	do	28.8.16	PT II D.O. 266 } 16-9-16 C.C.A.C
16.9.16.	CC.A.C.	T.O.S. On Com. 109 th Bn P.B.D.	C.C.A.C	28.8.16.	PT II D.O. 400.
8.12.16	124. Bn.	Census att 109 Bn & att. 124. Bn.	Witley	8.12.16	— 343
9.12.16.	ob 124 th	Attached for all purposes	Witley.	8.12.16	" 265.
18. 1. 17	"	Trans to health & att to 105 th Bn	"	18.1.17	" 18.
21. 1. 17	att. 105 th Bn	Att'd from 124 th Bn for P.B.D	"	18.1.17	" 21
26-1-17	"	Census to health & att. 104 th Bn	"	26-1-17	" 26
12.2.17	att. 104 th Bn	att. 104 th Bn for B.A.R. 96 P	B'shall	11.2.17	— 37.

109th Bn

att

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Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
3-2-17	104 th Bn. Attached from 105 th Bn.		Witley	24-1-17	Plt II 50
24.2.17	104 th Bn. Ceases att 104 Bn & att. C.D.Bn		"	11.2.17	
13.5.17.	ccac. Do S. of Bn on fr to 1 st Lieut. out Regt Dep.		Hastings	10.3.17	1 st BOARD DO. 69. 17.5.17
8.6.17.	Gen. D. Bn. Ceases att Gen D Bn on trans to 1 st BOARD. - and on con to D.C.Ld. Colonel.		Beahm	8-6-17.	137
2.8.17.	1 st BOARD Do S to 3 rd Lab. Bn		Sdley	1-8-17	146.
9.8.17	3 rd Lab. Bn. T.O.S from 1 st BOARD		Field	3.8.17	43
21.8.17	3 rd Lab. Bn TOS from 3 rd Lab Bn		" Pte.	14.8.17	66. 3 rd Lab. DO 46. 31.8.17
9.10.17	1 st COR. (M) To 3 rd West. Genl. Hosp.		Cardiff	7.10.17	See DO. 69. 31.8.17. PL. B32(1) S.W. 2147 1 st Lab. Side
12.10.17	1 st BOARD T.O.S. arriving in Eng.		Salij Pte.	7-10-17	PL. B40. 217. 1 st Lab. Bn DO. 85. 18-10-17
1.11.17	1 st COR. CL. Do Mil Genl. Hosp. Beauwood Workington		"	20-10-17	CL. B52
22.12.17	1 st COR. CL. Do. Genl. Hosp. Buxton		"	20-12-17	62. B46. Myalgia
13-2-18	1 st BOARD on con CCD		Pte Salij	13.2.18	DO 44.
22.3.18	Ceases att 1 st CCD & S.O.S to General Depot.		-	21.2.18	53. Gen Depot PL. B46 23-2-18
4.3.18	Gen. Dep. On. Com. C.D.D. for ret. to Can.		Pte Scliff	4.3.18	PTHO. 53
27.3.18	Gen. Dep. ceases on com. & is S.O.S on proc. to Can. for disp by A.G.		Pte Scliff	12.3.18	73 Lab N/E

AF. B. 103 CHECKED
 21 AUG 1917

Jenkins, A.

English L.P.C. No. **J-103**

M. F. W. 41a.
120m. 1-18
1772-39-1213

Name **Jenkins, Andrew**

Regt'l No. **724205** Rank **Private** File Numbers **P.M. - 25-59**

Former Units **2nd C.O.R.D.** Original Unit **109th Battalion**

Date of arrival in Canada **20/3/18** Boat **Olympic** Port of Disembarkation **Halifax**

Rates of Pay:—Regt'l. **1.00** Field **2** Date of arrival in M.D. **2**

Separation Allowance. Date paid to **30/4/18** Rate **\$25.00** If continued by Chief Paymaster, England

Assigned Pay. Date paid to **30/4/18** Rate **\$15.00** If continued by Chief Paymaster, England

Name and address of Beneficiary **Mrs. Rose A. Jenkins, (Wife)
Dorset, Ont.**

Pay claimed on English L.P.C. to **6/3/18** to be paid by new Unit from **7/3/18**

Name of new Unit **No. 2 Casualty** Date L.P.C. forwarded to new Unit **19/4/18**
AR charged on English L.P.C. to 31/3/18

L.L. 34682-M. & D. 8645.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT		REMARKS
\$	c.	\$	c.	\$	c.	On Boat	At St. Depot	\$	c.	\$	c.	\$	c.	Credit	Debit	
35	57			35	57					4	87					CKU. 17/4/18. R 17.4.18 AR 21898. 15/3/18 18/3/18 Halifax. 18/3/18 Halifax. April/18.
												6	46			29 03-
Debit Balance		29 03		64 60				15 00				6	46			
			8 76		8 76							8 76				Suppl. Eng. L.P.C. Ci. No. 2. D.D. 9.9.18

Handwritten scribble

109 pm

Name Pte. A. Jenkins
Jenkins

Regimental No. 724205 Name and address of next-of-kin

Unit 109 Bn

Date of enlistment

Place of " "

Married (yes or no) Yes Date and place discharged Rep allow from May 1

Amount of pay assigned monthly \$ 15 over pd apr Reason for discharge

To whom payable Mrs Rose A. Jenkins Character on discharge
Spc Dorset Dist

APR 27 1919

Enty
allow

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.		
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.	Date
March	7	Apr 24	49	1 49	49	10	49	0	12	9390	20714	10	2903	6813	Dr Bal DO 92. Sub. Mar 25-Apr 8. Dis DO 5 2077 Rep allow 10 overpd sa apr	
							8	7390	20731	35	10					
							20	7390	20731							
								20834	58							
Sept.							8	76	8	76	3744	8	76	8	76	Supp. L.P.C.

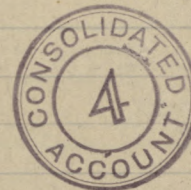
109 Bn

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Wife* Mrs. Rose Ann Jinkens By Whom Assigned Jinkens, A.
 Address Dorset Regtl. No. 724205.
Ont. Rank Pte.
 Corps 109 Batt. "D" Co.
 Rate 15⁰⁰ per m. **AUG 1 1916**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



19
10:15

2
3

4
5

6
7

8
9

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

3,635-631

Name *Jenkins*
Surname Jenkins, Andrew

Christian Name

Regimental Number 724205

Rank Pte.

Address (in full) Huntsville,

Unit 109th Bn.

Ont.

Original Unit

District where paid M.D.2.

Date of Discharge 24-4-18.

P. D. P. Filing Number 8-508-2.

Rates:—Regimental pay \$ 1.00 per diem; Field Allowance \$.10 per diem. Separation Allowance \$ 25.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	8443	24-5-18	58 00	8133	24-6-18	48 97				10 13 58 00	106 97

M. F. W. 127.
60M - 6 17.
1772 33-1140.

Remarks: Debit on L.P.C. Advance payment by Casualty Unit # 2.

Dec'n No. 316 35/63 W. S. G. File No. 9501-A-19

Award 153 days at \$ 100 per day \$ 500

S. A. months at \$ per mo. \$ 500.00
 Less P. D. R. Credited 175.10
324.90

Less further debit balance \$
 Net due paid as below 324.90

TO SOLDIER			TO DEPENDENT				
0	Ag. No	Ch. No	Amount	Ac. No	Ch. No	Am't	#
1	5020	462299	174.90	5020	462300	90	00
2	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓	✓
4				20110	480437	30	00
5				480437	30	50	17-6-19
6							
	Total			Total			

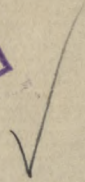
Novar Ont
Mrs Rose Ann
Jenkins
same add.

14-5-19

14-5-19

17-6-19

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 2-1-19



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.—4-16.
 1772—39—819.

Sheet No. 2 *Mrs. Rose Ann Jenkins (Wife)*
 OVERSEAS CONTINGENTS
 PAYMENTS. # 724205.

Name of Soldier *Jenkins, A.*
Pl. "L. Levy" 109 Batt.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰</i>
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>715406</i>	<i>15</i>	
Sept.		<i>B16967</i>	<i>15</i>	
Oct.		<i>B21440</i>	<i>15</i>	
Nov.		<i>H26997</i>	<i>15</i>	
Dec.		<i>K34606</i>	<i>15</i>	
Jan.	1917	<i>X 97485</i>	<i>15</i>	
Feb.		<i>X44155</i>	<i>15</i>	
March		<i>U46680</i>	<i>15</i>	<i>15-L</i>
April		<i>O 2706</i>	<i>15</i>	<i>15-L</i>
May		<i>O 8771</i>	<i>15</i>	
June		<i>B15913</i>	<i>15</i>	<i>N</i>
July		<i>O 23125</i>	<i>15</i>	<i>Pa</i>
Aug.		<i>X 28275</i>	<i>15</i>	<i>OK</i>
Sept.		<i>N 36529</i>	<i>15</i>	<i>Pa</i>
Oct.		<i>Y 42641</i>	<i>15</i>	
Nov.		<i>Q 50082</i>	<i>15</i>	
Dec.		<i>Q 56256</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

N.L.

CANADIAN
 ASSIGNED PAY AUDITED
to 31/3/18
[Signature]
 AUDIT CLERK
 DATE *8/5/19*

255900.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

SEPARATION ALLOWANCE

Name *Rose Ann Jintens*Name of Soldier *Jintens Andrew.*Address *Dorset*Regtl. No. *724205-*Rank *Pte.*Relation to Soldier *Wife - Out.*Corps *109th U.S. Battn C.E.F.*

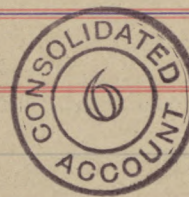
wife, child or mother

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1187

"

19

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Rose Ann
Jintens -

Wife -
PAYMENTS.

Name of Soldier

Jintens Andrew.
Pte # 724205-

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916		20	
May		P 3289	50	50
June		U 4153	20	20
July		Q 10195	20	20
Aug.		Q 13061	20	20
Sept.		M 16596	20	20
Oct.		X 19377	20	20
Nov.		G 23095	20	20
Dec.		O 26608	20	20
Jan.	1917	I 28764	20	20
Feb.		P 31878	20	20
March		I 34969	20	20
April		K 1416	20	20
May		J 4346	20	20
June		L 7792	20	20
July		J 11052	20	20
Aug.		V 14441	20	20
Sept.		U 17316	20	20
Oct.		D 22275	20	20
Nov.		J 23405	20	20
Dec.		N 25794	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

↑ 20 ↓

7791 cancelled

4309790

F

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

DEPARTMENT OF VETERANS AFFAIRS

OTTAWA 4,

19

TO Supervisor,
War Service Records, Ottawa.

MARK YOUR REPLY:

For attention of

For attention of

SUBJECT

File No.

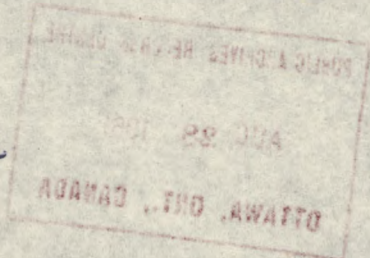
(1)

The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

CEP

Departmental Secretary.

- (1) Service number 724205
- (2) Surname JENKINS
- (3) Christian names Andrew
- (4) Date of Birth 15 March 1882
- (5) Religion Methodist
- (6) Unit of enlistment 109 Btn
- (6a) Highest corresp. rank Pte
- (7) Units overseas 3 Labour Btn
- (7a) Highest corresp. ranks Pte
- (8) Rank on day of discharge Pte
- (8a) Corresp. unit Nil
- (9) Military honours Nil



(2)

Departmental Secretary,
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date.....

for Supervisor, War Service Records.

The Department is pleased to place a memorial on the grave of the deceased. However, if you wish to have a memorial placed on the grave, you must first obtain the necessary permission from the appropriate authorities.

Departmental Secretary

PUBLIC ARCHIVES RECORDS CENTRE
AUG 28 1961
OTTAWA, ONT., CANADA

[Faint, illegible handwritten notes and text, possibly bleed-through from the reverse side of the page.]

MARRIED OR SINGLE

Married

PLACE OF BIRTH

Mount Eagle Valley Hastings

NAME AND ADDRESS OF NEXT OF KIN

Rose Ann Jenkins

Sorset Ant Can

Wife

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3	
			\$	c.						\$	c.	No.	DATE	No.	DATE	No.	DATE
<i>July 31</i>								<i>13 70</i>	<i>13 70</i>								
<i>Aug 31</i>	<i>31</i>	<i>1 00</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3 10</i>		<i>34 10</i>	<i>30</i>	<i>9/8/16</i>						
<i>Sept 30</i>	<i>30</i>	<i>30</i>					<i>3</i>		<i>33</i>	<i>61</i>	<i>3/18/16</i>						
<i>Oct 31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>		<i>80 80</i> <i>34 10</i>								<i>93-109 B4 15 2</i> <i>165 " " 15 10</i>
<i>Nov. 30</i>	<i>30</i>		<i>30</i>		<i>30</i>		<i>3</i>		<i>33</i>								<i>192-109 B-2</i>
<i>Dec 31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>		<i>34 10</i>								
<i>Jan 31</i>	<i>31</i>		<i>15 30</i>						<i>34 10</i>								
<i>Feb 28</i>	<i>28</i>		<i>30 80</i>						<i>30 80</i>								
<i>Mar 31</i>	<i>31</i>		<i>34 10</i>						<i>34 10</i>								
<i>Apr 30</i>	<i>30</i>		<i>33</i>						<i>33</i>								
<i>May 30</i>	<i>30</i>		<i>33</i>						<i>33</i>								
<i>" 1</i>	<i>1</i>		<i>1 10</i>						<i>1 10</i>								
<i>June</i>			<i>33</i>						<i>33</i>								
			<i>367 40</i>						<i>13 70</i>	<i>381 10</i>							
			<i>367 40</i>						<i>13 70</i>	<i>381 10</i>							

Checked... Edward

93-109 B4 15 2
165 " " 15 10

192-109 B-2

287 10 2 1/1
311 10 9 3/11

PROMOTIONS, &c.	EFFECTIVE DATE	AUTHORITY

REG'L. No. *724205* RANK *Pte* NAME *Jenkins Andrew*
 IF IN PERMT. CORPS WHAT UNIT UNIT *109th Bn* TRANSFERRED TO *C.C.A.C.* DATE *1/10/16* AUTHORITY *DO. 266*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Brit. Hosp. Pat.* DATE *3/5/17* AUTHORITY
 PLACE OF ATTESTATION *Dorset Ont* TRANSFERRED TO *2nd BDR* DATE *1/11/17* AUTHORITY
 DATE OF ATTESTATION *Mar 15th 1916* TRANSFERRED TO *Bⁿ N.E. Pay II O.* DATE *31-3-18* AUTHORITY *Request*
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *Aug 1st 1916*
 PAYABLE TO *Rose Jenkins Dorset Ont* RELATIONSHIP *wife*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *Stopped* EFFECTIVE *April 1st 18* REASON *Discharged Canada*
 DISCHARGE DATE AND PLACE *7-3-1918 Canada* REASON AND AUTHORITY *M 5-1-33. B III 2/3/18*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ACQUITTANCE ROLLS	CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	2	3	4	1				2	3			
No.	DATE	No.	DATE	No.	DATE	1	2	3	4			

Bal. from Canada 13 70
973 ✓ 151 2473 23 07
730 ✓ 15 2230 33 77
93-109 Bn 15/2 48 730 ✓ 15 2960 38 27
165 " " 15/10 973 ✓ 15 2473 46 54
192 109 Bn 2/10 60 15 65 64
15 15 84 74
15 15 100 54
974 ✓ 15 2960 105 04
486 ✓ 15 123 04
15 15 141 04
142 14
15 15 160 14
17 03 38 93 160 220 96
17 03 38 93 165 220 96

724205 Jenkins A.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2	3	4
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE
July			34	10					34	10								1703	3893
Aug	31	1 ¹⁰	34	10					34	10									
Sep	30		33						33									1703	742 973 5608

1187 28-7-17 SRBN
132 31/1/16 109 BN

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER-RED. PAY	SER-ALICE ENG.	MONTH	PARTICULARS	CR.1	CR.2
Oct	P.P.	34	10						199	19		March	Forward	1536	
Nov	P.P.	33		A.P.					15	218	29				
				APR 125 347	1	CORD			14	60					
				426 31/8	1	LVBN			2	68					
				472 15/9	"	"			2	68					
				403 15/8	"	"			2	67					
Dec	P.P.	34	10	A.P.					15	222	76				
1918		67	10						30						
Jan	P.P.	34	10	A.P.					15	251	86				
Feb	P.P.	30	80						15	267	66				
Mar	6 P.P.	6	60	A.P.					15	259	26				
	Sick Furlough 17 days. 29.11.1918 to 10.2.19.	8	76	on AR264 109 BN 15-11-16	7	30									
				405 124 BN 22/7/16	2	433									
				447 " 15/1/17	4	86									
				1144 G.D. BN 15/2/17	7	30									
				1331 " 31-3-17	9	73									
				176 " 31-5-17	1	947									
				92 P.CORR 15-7-17	4	86									
				1505 G.D. BN 11-8-17	4	46									
				522 P.P. 30-9-17	2	68									
				1065 Work'ham. 30-10-17	2	43									
				1083 " 7-11-17	1	947									
				1092 B'wood 13-11-17	2	43									
		1536				10932			15						

CANADIAN ASSIGNED PAY AUDITED
O.S.S. [Signature]
 AUDIT CLERK
 DATE 8/5/19

March Forward 1536

Apr
 June
 Nov

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
3893		15		15	179 24				
		15		15	198 34				
7 42 ✓ 973 ✓ 56 08		15		32 15	199 19				

RS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	REMARKS
	1536			10932			15		
			DN AR1188 Wok'ham 27-11-17 ✓	243					
			" 1329 " 6-12-17 ✓	1947					
			DN AR3091 Buxton 20-12-17 ✓	487					
			DN AR 2960 Wtbbd 14.2.18 ✓	973					
			" 3342 Details Schiffe 27.2.18 ✓	730					
			DN AR 2898 Buxton 7.3.18	487					
			" 3690 " 8.1.18 ✓	4867					
			" 3565 " 14.1.18 ✓	243					
	1536		DN AR 1408 5/10/17 London ✓	20909					
			Spe DN	973					
				3947					
				3947					
			Spe DN 640/1405. 12/17 ✓	973					
				973					

3821
5893
15
4920
973

Checked Quidebonty
L.P.C.
Supp. L.P.C. 5.7.18
ct. balce. 39.46
Checked Efill

724705 Jenkins, A.

P.830.

1. L.P.C. issued, date 6.3.18

2. Authority a.g. 5.1.33 2/20/18

3. Discharged to Canada

4. Pay Book verified 6.3.18

5. Balance shown on L.P.C. 35.57.

6. Balance shown in Ledger Sheet \$ 759.76

7. Full particulars of entries making difference between 5 and 6 if any.

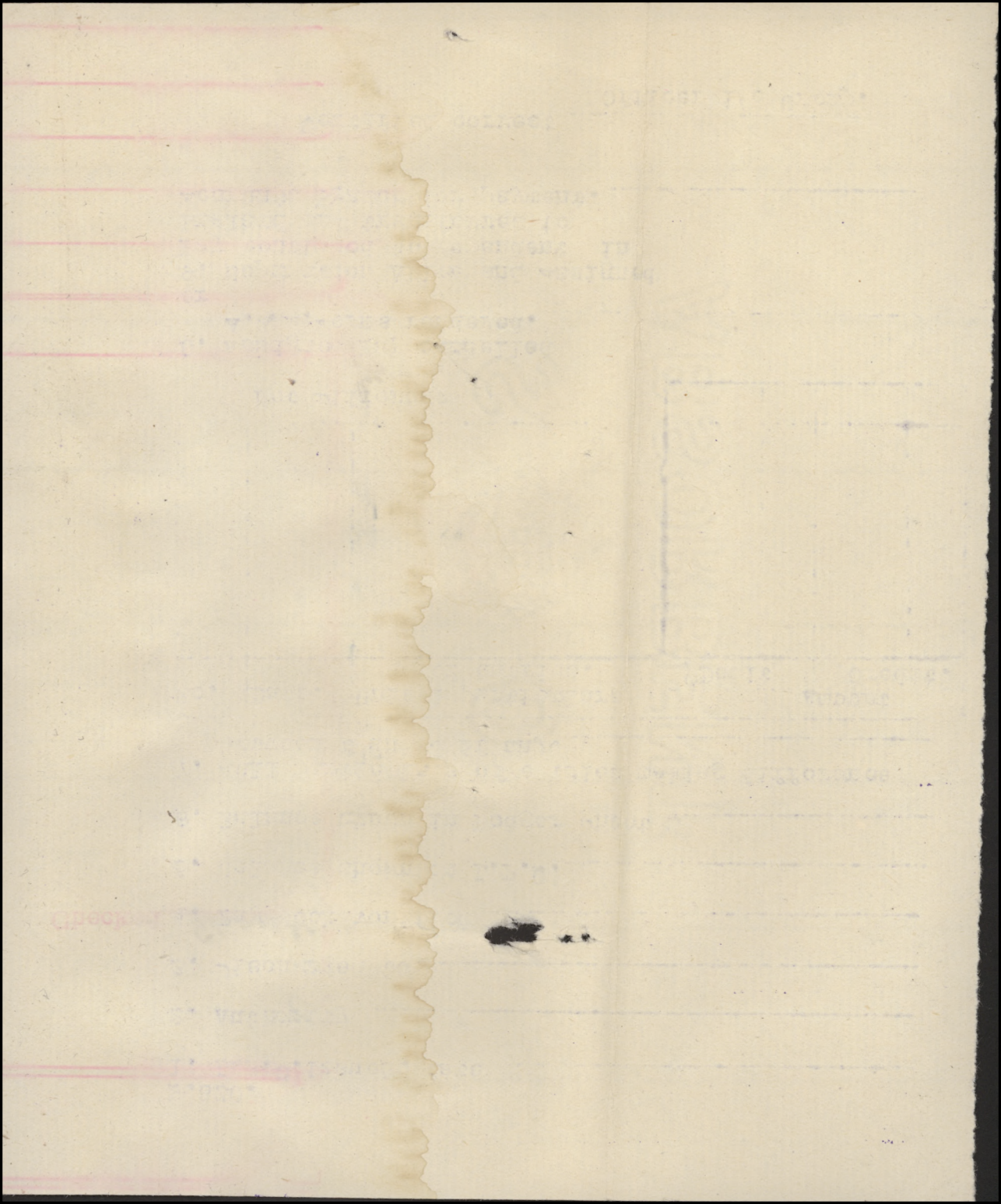
No.	Date.	Unit & particulars of entries.	Amount	
			Debit	Credit.
Extract attached				
Not Difference \$				

8. Assigned Pay cancelled eff 7/4/18
~~A.S.M. forms rendered.~~

or
9. Separation Allowance and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment.

Certified correct [Signature]
Officer i/c Group.

B [Signature]



6/87



This space to be for numbers.

Proceedings on Discharge.

19/4/39

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. # 724205
Rank Pte
Name Jenkins, Andrew <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>
Corps (Squadron, Battery or Company) #2 Dis. Depot (109th Battn) Gen. Depot
Date of Discharge 24th April, 1918
Place of Discharge Toronto, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....36.....years.....1 $\frac{1}{4}$months.
 Height.....5.....feet.....6.....inches.
 Complexion Fair
 Eyes Blue
 Hair L. Brown
 Trade Farmer
 Intended place of residence }
 (To be given as fully as practicable.) } Huntsville, Ont.

Descriptive Marks

S.W. L. Hip and L. Side 4.10.17
 Scars on 1st & 2nd toes of
 L. foot. Vacc. one left arm

Revised 6-1-41

2. The above-named man is discharged in consequence of

PHYSICAL UNFITNESS

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

Very good M.S.H.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Farmer

K 2/1/2

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

*W.S.S Camp
10-4-19 C1*

5. He is in possession of the following number of G. C. Badges:

Nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Toronto, Ont.

(Date) 24th April, 1918

Commanding

Captain

For Lieut. Colonel

O.C. No. 2 District Depot

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Toronto, Ont. *de jure* (Signature of Soldier.)

(Date) 24th April, 1918 *W. H. H.* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 40 days.

Total 2 years 40 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Toronto, Ont.

(Date) 24th April, 1918

(Signature)

Captain

For Lieut. Colonel

O.C. No. 2 District Depot

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

MEDICAL HISTORY OF AN INVALID

6187

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

Man's address same.

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Bay Sts. Toronto. DATE April 11, 1916.

1. 1 (a) Unit 48 Casualty (b) Regimental No. 724205 (c) Rank Pte.
(d) Surname JENKINS (e) Christian name Andrew

2. Age last birthday 36 Date of birth March 15, 1882.

3. Enlisted at Dorset on March 15, 1916.

4. Personal description:—

(a) Height 5 ft. 6 in. (b) Weight 140 (c) Complexion Fair
(d) Colour of hair L. Brown (e) Colour of eyes Blue (f) Identification marks Scars
on lat. & End. toes of l. ft. foot, Vac. one left arm.

5. Address after discharge (for the use of the Board of Pension Commissioners) Huntsville, Ont.

6. Former trade or occupation Farmer.

7. (a) Service

Years	Days
<u>2</u>	<u>28</u>

	PERIODS	
	From	To
<u>100th. Batta.</u>	<u>Mar. 15, 1916.</u>	<u>Aug. 1917.</u>
<u>1st. Can. Lab. Bn..</u>	<u>Aug. 1917.</u>	<u>Mar. 19, 1918.</u>
<u>48 Casualty Unit.</u>	<u>Mar. 19, 1918.</u>	<u>To date.</u>

(b) Has he been overseas? Yes, France. 8. Original disease or disability Myalgia

(a) Date of origin Aug. 1915. (b) Place of origin England.

(c) Cause* Dampness in England and shrapnel wound in back.
(d) Present disease or disability Myalgia.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Subjective: Has a constant aching pain in lumbar region of back and left hip also has pain in Abdomen along external border of left Rectus muscle. Pains worse below ribs and in Groin. Flexing of left hip causes pain in back.

9. Present condition.—(Continued.)

These pains are all much worse in damp weather. Has some pain at present. Can walk only one mile.

Objective: There are two irregular healthy shrapnel scars on left Buttock and left lumbar muscles. They are slightly painful. Pain and tenderness of Lumbar muscles and left hip. Movement of back normal. Flexion of left hip decreased 20 degrees. No abnormality to account for pain in abdomen.

Walks with a slight limp and all the joints seem stiff.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous... Normal... Digestive... Normal... Respiratory... Normal... Cardiac... Normal

Genito-Urinary... Normal... Skin, Middle Ear, Eye or any other part... Normal

10. History: (a) of Condition referred to in "a" section 9.

Since Aug. 1916 has had pain in back in damp weather and this has been worse since he was wounded with shrapnel in back Oct. 1917.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

One vaccination mark on left arm. Scar right ankle and across 1st and 2nd. toes left foot. Nutrition fair.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Not applicable.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months.

14. Treatment (Case reports, general or special, should be secured and attached where possible).

Two months in Hosp. in England and 7 weeks Convalescent.

6187

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration.)

No

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why.)

17. Recommendations

Discharge.

Perical Team IntB.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned A. Jenkins, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

W.T.M.H

[Signature]

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

~~xxxxxxx.~~

#9 We concur except. that incapacity is due to myalgia and restriction as to choice occupation.

Otherwise we concur

W.T.M.H

19. Is the soldier fit for

- (a) General service, (Category A) (Yes or No). No
(b) Service abroad, not general service, (" B) (Yes or No). No
(c) Home service, (Canada only), (" C) (Yes or No). No
(d) Temporarily unfit, (" D) (Yes or No). No
(e) Unfit for service in Categories A, B and C, (" E) (Yes or No). Yes.

20. It is certified that the soldier

(a) Does require treatment (Give the nature of the condition and of the treatment required and its probable duration).

- (b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control (Strike out condition not applicable).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Canadian Red Cross Special Hospital,
BUXTON, DERBY. 21/11/1918.

No 774205 Rank PTE Name JENKINS, ANDREW.

Local Unit _____ Overseas Unit 1ST C. LAB. BN Age 36

Examination held at Canadian Red Cross Special Hospital,
BUXTON, DERBY.

DISABILITY.
Overseas-Local
(SCRATCH ONE OUT)

MYALGIA.
(GENERAL)
PRESENT CONDITION.

Onset in Sept. 1917, France. Myalgia. admitted here 18/12/17. Improved. Complains of slight general pains during wet weather. Heart and lungs - neg - urine - neg. Some general rigidity but no limitations of movements.

BOARD RECOMMENDS:-

1. Fit for Duty 13/11
2. Fit for duty after _____ weeks' physical training
3. Fit for Temporary Base Duty _____ week
4. Fit for Permanent Base Duty _____
5. Discharge _____

Signatures:-

Members (D. J. Miller CAPTAIN, CAMC. President.
 (Lewis H. Fraser CAPTAIN, CAMC.
 (M
 (_____

APPROVED



Dated _____ 1917. _____ CAPTAIN, CAMC. For A.D.M.S.

Canadians, London Area.,

PROCEEDINGS OF A MEDICAL BOARD

Dated at Bombay on 11/11/17
Name VENKINZ PTE Rank PTC

Local Unit 1st Battalion Address 1st Battalion

Examination held at MARATHI

DISABILITY (GENERAL)
Overseas-Local (GENERAL)
(Length of Service)

PRESENT CONDITION

[Faint handwritten text, likely describing the medical condition and findings of the board.]

BOARD RECOMMENDATIONS

1. Fit for duty
2. Fit for duty after 4 weeks hospital training
3. Fit for temporary base duty 4 weeks
4. Fit for permanent base duty
5. Discharge

Signatures

[Signature]
CAPTAIN [Name] President

[Signature]
CAPTAIN [Name] Members

APPROVED



Date

1917

CAPTAIN [Name]
For A.D.M.S.
Canadian, London Area

Reserved for M.H.C.

Regt. No. 724205 Rank Pte Surname JENKINS Christian Name Andrew
 Unit or Corps—(a) Overseas from United Kingdom 1st Lab. Bn (b) In United Kingdom Genl. Depot.
 Born at—Town Mount Eagle Valley County or Province Ontario Country Canada
 Date of Birth—Day 15 Month March Year 1882 Age 35 yrs. 11 months.
 Joined at Minden Dist. Date 15/3/16.
 Former Trade or Occupation Farmer

Permanent marks or peculiarities that will serve for future identification :

Two scars left lower back

Height—feet 5 inches 6

Colour of eyes Blue

Signature of Soldier (for identification purposes) A. Jenkins

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

MYALGIA

Disabilities Group (b)

NIL

Disabilities Group (c)

NIL

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Exposure & Climatic conditions G. S. W. Back.</u>	<u>England</u> <u>France</u>	<u>1916</u> <u>1917</u>
(ii.) As to Group (b) above.	_____		
(iii.) As to Group (c) above.	_____		

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

- (i.) As to Group (a) above ? No If yes, has Active Service aggravated it ? —
- (ii.) As to Group (b) above ? — If yes, has Active Service aggravated it ? —
- (iii.) As to Group (c) above ? — If yes, has Active Service aggravated it ? —

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above ? yes
- (ii.) As to Group (b) above ? —
- (iii.) As to Group (c) above ? —

9

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? *yes*

(ii.) While off duty? *no*

(iii.) Was a Court of Inquiry held? *no*

(iv.) Where? *not applicable*

(v.) Opinion of the Court? *not applicable*

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Never sick before enlistment. In France 2 mos. with the 1st Labour Battalion. Had myalgia all the time since coming overseas but able to carry on until hit in back by a piece of shell. In hospital about four months. Discharged as Bii. Complains of rheumatism all the time in back and legs, worse in wet weather. Cannot walk more than a mile even at own time.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Gives a gas 36 but looks more and moves around like an old man - stiff, lumps, carries a stick. Has tenderness over left lumbar region and down over left buttock - tender in each place. Has pain in sacroiliac joint on flexing left thigh. Also says he has pains in his knees on walking less than a mile and keep him awake at nights. Says cannot walk more than a mile on account of pain. Is debilitated, old & feeble.

8. OPERATION. (i.) Was one performed? *no*

(ii.) If so, state what. *no other apparent disability*

(iii.) Was one advised and declined? *no*

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? *no*

(ii.) If so, describe. *—*

10. DO YOU RECOMMEND:—

(a) Fit for duty? *no*

(b) Fit for base duty? *yes Bii - not likely to be raised in 6 mos.*

(c) Invalid to Canada? *no*

(d) Discharge from the Service as permanently unfit? *no*

Date of Report *23/2/18* 191

Signed *AM Barwick*

Station *Shorncliffe*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

D. P. Robinson

{ Officer i/c Hospital } Strike out one
{ S.M.O. Brigade } of these.

Dated at *Shorncliffe* Station, on *FEB 24 1918* 191

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it.

Yes

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it.

gas

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier
(b) Misconduct of the Soldier

Caused? No
Aggravated? No

Caused? No
Aggravated? No

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

not applicable

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)

not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent?

not applicable

(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

not applicable

18. Remarks.

19. Recommendation:—(a) Fit for duty?

No

(b) Fit for base duty?

Yes B.I. not likely to be raised in 6 mos

(c) Invalid to Canada?

No

(d) Discharge from service as permanently unfit?

No

Classification for the Military Hospitals Commission.

Date of Board

23/2/18

Station

Shorncliffe

Signatures of the Board.

B. O. M. W. H. Col. President.
C. K. Church, Capt., Surgeon

Approved

[Signature]

A.D.M.S.

Dated at

Station

25 FEB 1918

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

[Faint, illegible handwritten text, likely the board's recommendation]

[Faint, illegible handwritten text]

Dated at _____ this _____ day of _____ 191

Signatures of the Board

.....
President.
.....
.....
.....

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

15-3-16

Separation and Assigned Pay Branch

Aug. 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25% 1/17		
P.C. 3257			

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 724203-
424205

Rank Pte Promoted Reverted Discharge

Soldier's Name A. Jenkins

Battalion 109 B attn "B" Coy

Beneficiary Mrs Rose Ann Jenkins

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Rose Ann Jenkins (wife)

Address Worsset Ontario

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
DEC. 31		430	255	685	
1918					
Jan	A 61514	30	15	45	30-4-18
Feb	D 73545	25	15	40	A/c Closed
March	J 99278	25	15	40	Ret'd per Olympic
Apr	J 13675	25	15	40	23/2/18 15-4-18

CANADIAN ASSIGNED PAY AUDITED
 to 31/3/18
[Signature]
 AUDIT CLERK
 DATE 8/5/19

M. F. W. 128
 400M-6-17-1772-89-141
 L. L. 22320-M. & D. 7533.

A STENCIL
 HAS BEEN MADE
 FOR YOUR ACCOUNT

vide 215, 18-4-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion _____
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
 400M-6-17-1772-89-141
 L. L. 22320-M. & D. 7988.